National family health survey

1417. SHRI AMIR ALAM KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that National Family Health Survey is providing very dismal data inspite of dramatic growth of economy;

(b) whether Government are aware that 45.9 per cent children are under weight whereas in China it is only 8 per cent and 79 per cent of kids aged between 6 to 35 months and 56 per cent women aged between 15 to 49 years are anaemic;

(c) if so, what is the reaction of Government and whether Government are taking any action to improve the situation; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The keys findings of the National Family Health Survey-3 paint a mixed picture of India's health. On the one hand, institutional delivery and maternity care has improved, unmet need for the family planning has reduced, women are having fewer children, infant mortality has dropped; overall immunization coverage of children has improved and knowledge about HIV/AIDS has improved in the seven-year period since the last NFHS survey (1998-99). On the other hand, anaemia and malnutrition are still widespread among children and adults.

(b) Yes, Sir.

(c) and (d) The Government is seized of the problem of malnutrition and is implementing a number of schemes through out the country which directly or indirectly improve the nutritional status of women & children. Some of these are as under:

(i) The Government of India, Ministry of Health and Family Welfare, has launched the National Rural Health Mission (NRHM) in order to improve the availability of and access to quality health care. Under the mission, Reproductive and Child Health Programme (II) provides:

(1) Specific Programmes to prevent and combat micronutrient deficiencies of Vitamin A and Iron and Folic Acid through Vitamin A Supplementation for children till the age of 5 years and Iron and Folic Acid Supplementation for preschool children, pregnant and lactating women.

(2) Maternal Health care by promoting institutional deliveries, improved coverage and quality of Ante Natal Care (ANC), skilled care to pregnant women, Post-partum care at Community level.

(3) Immunization services.

(4) Integrated Management of Neonatal and Childhood Illnesses and malnutrition.

(5) Emphasis on Infant and Young Child Feeding.

(ii) National Iodine Deficiency Disorders Control Programme.

(iii) Monthly, Village Health and Nutrition Day are to be organized by the ASHA, Anaganwadi Worker, ANM and PRA representatives.

(vi) The other Programmes launched by various other Ministries and Department are:

(1) National Programme for Nutritional Support to Primary Education (Mid Day Meal Scheme).

(2) Nutrition Programme for Adolescent Girls in 51 districts to provide free foodgrains to undernourished adolescent girls and pregnant and nursing mothers.

(3) Nutrition Education and Training Programmes of Food and Nutrition Board.

(4) Targeted Public Distribution System (Department of Food and Public Distribution).

(5) Accelerated Rural Water Supply Programme/ Swajaldhara and Total Sanitation Campaign; National Rural Employment Guarantee Programme.

AIIMS like hospital in Madurai

1418. SHRI T.T.V. DHINAKARAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is proposed to construct an AIIMS type hospital at Madurai;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANABAKA LAKSHMI): (a) to (c) At present, there **is** no proposal to construct an AIIMS type hospital at Madurai. However, Government Medical College, Salem in the State of Tamil Nadu is being upgraded under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY).

Use of nimesulide in the country

1419. SHRI B.K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether India is among the very few countries where the anti-inflammatory drug nimesulide is permitted for paediatric use;

(b) whether the Drugs Controller General of India has asserted in an affidavit filed in the Delhi High Court that there is no ground for banning nimesulide in the country for paediatric use; and

(c) whether the drag was not licenced for use in some developing countries and banned/withdrawn from others and if so, whether India will review its earlier stance?